

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b>  <input type="checkbox"/> Declaration Submitted OR Submitted after Initial with Initial Filing <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge) (37 CFR 1.16(e) Required)	Attorney Docket No.	<b>667P001</b>
	First Named Inventor	Caijun Shi
	COMPLETE IF KNOWN	
	Application Number	10/689,415
	Filing Date	October 20, 2003
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:  
My residence, mailing address, and citizenship are as stated below next to my name.  
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COMPOSITION AND METHOD FOR FORMING A SPRAYABLE MATERIALS COVER

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **October 20, 2003** as United States Application Number or PCT International

Application Number **10/689,415** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

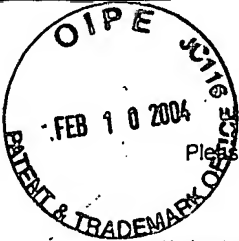
I hereby claim the benefit under 35 U.S.C. Section 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

# DECLARATION – Utility or Design Patent Application

Direct all correspondence to:					
<input type="checkbox"/> Customer Number <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>					
Name	Kevin S. Lemack				
Address	Nields & Lemack				
	176 E. Main Street – Suite 7				
City	Westboro	State	MA	Zip Code	01581
Country	US	Telephone	508-898-1818	Fax	508-898-2020
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Caijun		Shi			
Inventor's Signature <i>Kevin S. Lemack</i>					Date <i>Nov 18 / 2003</i>
Residence: City	<i>Buffalo</i>	State	<i>New York</i>	Country	<i>US</i>
<del>Burlington</del>		<del>Ontario</del>		<del>CA</del>	Citizenship <i>CA</i>
Mailing Address <del>2116 Upland Drive</del> <i>51 Northrup Pl.</i>					
City	<i>Buffalo</i>	State	<i>New York</i>	Zip	<i>14214</i>
<del>Burlington</del>		<del>Ontario</del>		<del>CA</del>	<i>US</i>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Yanzhong		Wu			
Inventor's Signature <i>Yan Wu</i>					Date <i>Nov 18 / 03</i>
Residence: City	Mississauga	State	Ontario	Country	CA
Mailing Address 3865 Baycroft Drive					
City	Mississauga	State	Ontario	Zip	<i>L5N 8J5</i>
				Country	CA
<input type="checkbox"/> Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					



Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (10-00)  
Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/689,415
Filing Date	October 20, 2003
First Named Inventor	Caijun Shi
Group Art Unit	
Examiner Name	
Attorney Docket Number	667P001

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Name	Registration Number
Kevin S. Lemack	32,579
Henry C. Nields	17,029
Robert Frame	54,104

Place Customer  
Number Bar Code  
Label here

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☒ Firm or  
Individual Name

Kevin S. Lemack

Address

Nields & Lemack

Address

176 E. Main Street

City

Westboro

State

MA

Zip

01581

Country

U.S.A.

Telephone

(508) 898-1818

Fax

(508) 898-2020

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name

Caijun Shi

Yanzhong Wu

Signature

*Caijun Shi*

*Yanzhong Wu*

Date

Nov 18/2003

Nov 18/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.